STATE OF CALIFORNIA
FRANCHISE TAX BOARD
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Sacramento, CA 94267-0651
Telephone: (**888**) 792-4900 U.S. Toll-Free
(916) 845-6262
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Notification of Performance Withholding for Nonresident Entertainers

Withholding Agent	_____	Withholding Agent FEIN	_____
Attention	_____	Telephone Number	_____
Address	_____	Fax Number	_____
City, State, Zip Code	_____	Venue (Name and City)	_____

Please see Withholding Agent Instructions below for filling out this form.

1. Performance Date(s)	2. Performing Entity's Name	3. Performer's Corporation or Partnership Name (if applicable)	4. Performer's SSN, CA Corp, or FEIN (Note: Tax ID# used for year end tax reporting purposes.)	5. Payment Amount	6. Number of people in the group (if applicable)

Withholding Agent Instructions: Please complete this form to request a **reduced** withholding rate if the statutory seven percent rate will result in over-withholding of tax. Processing could be delayed if the form is not completed accurately. All submitted requests must be received by **fax** to the FTB fax number noted above at least 10 days prior to the performance date. If you do not receive a Form 594, *Notice to Withhold Tax at Source*, with a revised withholding rate, prior to the performance date, you **must** withhold at the statutory rate. Please refer to the FTB Pub. 1024, *Nonresident Withholding Entertainment Guidelines,* located on our Website at **www.ftb.ca.gov** for more information.

1. Enter the performance date(s) (Col 1).
2. Enter the **performer's name** (Col 2). Do not enter the agent, promoter, For Services Of (FSO), or For Benefit Of (FBO) name.
3-6. Please provide information for the **performing entity** only and not the performer's agent or promoter.
   o If the performing entity is being **paid as a group**, provide the tax reporting entity's name (Col 3), tax identification number (Col 4), compensation amount for individuals, partnership, LLC, or corporation (Col 5), and the number of people in the group (Col 6).
   o If the performing entity or group is being **paid as individuals**, provide each individual performer's name (Col 2), tax identification numbers (Col 4), and compensation amount (Col 5)

FTB 4089 (REV 07-2006)